

A
CASE OF INTUS-SUSCEPTIO,

WITH

REMARKS,

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HAVING lately had an opportunity of examining the body of a male child, aged five months, who died in consequence of an intus-susception, I take the liberty of transmitting an account of the appearances, with a drawing by Mr. Clift, to the Medical and Chirurgical Society.

Intus-susceptions, to a small extent, are not unfrequently noticed, particularly in children, without any mark of having produced obstruction or inflammation of the alimentary canal; but, as a disease, it, happily, is of rare occurrence. The subject of the present case had, previously to the attack, been

always healthy, and free from bowel-complaints. On Sunday, the 28th of February, he was seized with vomiting, accompanied with constipation, and other signs of disordered functions of the bowels. There were, at first, some small discharges of mucus by the anus; but, after Monday, the discharges, which were frequent, were principally of blood. The abdomen was tense, and on the left side, there appeared a tumour, about the size of an egg. A hiccoughing commenced on the Tuesday, and continued until death, which took place on Thursday evening, the fifth day from the accession of complaint.

On dissection it appeared that the tumour on the left side was produced by an intus-susception: about six inches of the intestinum ileum, the cœcum, with its appendix, the ascending colon, and transverse flexure, being contained in the sigmoid flexure of the colon, extending into the rectum. The intus-suscepted parts were in a state of complete strangulation, and perfectly black. The lower part of the ileum (about ten or twelve inches) immediately above the intus-susception was a little inflamed; but, otherwise, the effects of this derangement of parts were so strictly confined to the intus-suscepted bowel, that had the child's constitution been able to sustain its separation, the inflammation necessarily accompanying this process would, no doubt, have produced an union of the ileum with the lower part of the colon; the continuity of the canal would thus have

been maintained, the separated part might have passed, and the child have recovered.

I feel justified in hazarding the opinion of the possibility of the child's doing well under these circumstances from the relation by Dr. Baillie, in the second volume of the transactions of a society for the improvement of medical and chirurgical knowledge, of two cases in which gut was passed per anum.

The one case is that of a lady, about fifty years of age, who, after much suffering with violent pain of the stomach and bowels, more especially on the left side, accompanied with vomiting and constipation, about three weeks before her death, voided above a yard in length of intestine, which proved to be a portion of the colon. It is worthy of remark, that the pain was more especially seated on the left side, and that the evacuations, for many days, consisted merely of blood, and at that time were very numerous. In these respects there is a striking resemblance between this case and the child's just related.

Of the other case there are no further particulars stated, than that the person lived two years after discharging a portion of gut, about six inches long, and which proved also to be a part of the colon.

The learned doctor not having had an opportunity of investigating after death the processes of nature

under these extraordinary circumstances, has proposed an ingenious explanation of the cases by supposing a membrane, formed of coagulable lymph, to have been produced round the mortified portions of intestine, by which a continuity of the canal was maintained. It is with the greatest deference I presume to offer a sentiment contrary to an authority so generally, and justly, respected; but is it not highly probable that these were cases of intus-susceptions, in which the intus-suscepted portions had been strangulated, had died, and were separated?*

It is not very easily to be conceived, how, in the natural state of parts, the peritonæum, which binds down the cœcum and ascending colon, admitted of their being suddenly removed, as in the present case, to the left side into the sigmoid flexure of the colon: it is therefore very probable, that there was some variety in the mode of application of the peritonæum here, and which, if similar to what I once, some years ago,

* I am authorized by Dr. Baillie to say, that for a considerable time past, he has entertained the same ideas on the subject, which I have here stated.

I was not aware, when I wrote this paper, of Dr. Hull's having some years ago, (in the Medical Journal for 1802,) adopted a similar view of the point in question; and of Dr. Baillie's having then, with the most honourable candour, admitted that he was probably mistaken in the reasoning which he had employed with regard to it. I am happy in noticing this coincidence of opinion between Dr. Hull and myself, and in furnishing a case which tends so much to confirm its accuracy.

observed in a subject on which I was demonstrating, would readily permit such a displacement and might strongly predispose to it. The peritonæum was applied in a loose form to the cœcum and ascending colon, being, as it were, a continuation of the mesentery: by which these parts were, in some degree, left loose, and might easily pass over to the left side.

EXPLANATION OF THE DRAWING.

THE sigmoid flexure of the colon, and the rectum, are laid open, by which the incarcerated bowel is exposed.

The division is continued into the intus-suscepted part of the colon, to expose the entrance of the ileum.

The rectum was divided off as low as possible, so that it appears that the intestine was protruded to within an inch and a half, or two inches of the anus.

